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## \*BI BDATASHEET\*

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CONFIRMATION NO. 8899

SERIAL NUMBER 10/657,727	FILING OR 371(c) DATE 09/08/2003 RULE	CLASS 219	GROUP ART UNIT 3742	ATTORNEY DOCKET NO. 329228001US5
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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CIP of 10/419,705 04/19/2003 PAT 6,933,469  
 which claims benefit of 60/457,528 03/24/2003  
 and is a CIP of 09/880,725 06/12/2001 PAT 6,653,607  
 which claims benefit of 60/212,380 06/14/2000

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
 \*\* 12/16/2003

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 28	TOTAL CLAIMS 102	INDEPENDENT CLAIMS 9
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

## ADDRESS

25096

## TITLE

PERSONAL WARMING SYSTEMS AND APPARATUSES FOR USE IN HOSPITALS AND OTHER SETTINGS, AND ASSOCIATED METHODS OF MANUFACTURE AND USE

FILING FEE RECEIVED 1446	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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